PAGE 1 / 14

Image# 201507159000127629

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	or Other Than An	Authorized Comm	ittee	Off	fice Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If ty over the lines		12FE4M5	
Association of Fundrais	sing Professionals	Political Action	Committee		
ADDRESS (number and street)	4300 Wilson Boulevard				
Check if different than previously reported. (ACC)	#300 Arlington			VA 2	22203-4168
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		STATE 🛦	ZIP CODE ▲
C C00382143	3	B. IS THIS REPORT	NEW (N) OR	AMENI (A)	DED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q July 15 Quarterly Report (Q October 15 Quarterly Report (Q January 31 Year-End Report (Y)	(c) 12-Day PRE-Election Report for th			Aug 20 (Sep 20 (Oct 20 (I General (126 Special (128)	MM9) Dec 20 (M12) (Non-Election Year Only) M10) Jan 31 (YE) Runoff (12R)
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	POST-Electic Report for th	,	30G)	Runoff (30R)	Special (30S) in the State of
5. Covering Period 04		15 through	n 06	/ B D / Y	2015
I certify that I have examined thi Type or Print Name of Treasurer	•	st of my knowledge an	d belief it is tru		
Signature of Treasurer Mr. Jo	ason R. Lee Esq.	[Electronic	ally Filed]	Date 07	15 2015
NOTE: Submission of false, errone	ous, or incomplete inform	nation may subject the p	person signing tl	nis Report to the po	enalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name Association of Fundraising Professionals Political Action Committee 2015 06 30 Report Covering the Period: 2015 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 36014.06 January 1, 2015 (b) Cash on Hand at 34797.38 Beginning of Reporting Period..... 8790.00 8195.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 42992.38 44804.06 6(a) and 6(c) for Column B)..... 1646.60 3458.28 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 41345.78 41345.78 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Association of Fundraising Professionals Political Action Committee

R	eport Covering the Period: From: 04	01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	To: 06 / 30 / 2015
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	6750.00	6750.00
	(ii) Unitemized(iii) TOTAL (add	1445.00	2040.00
	Lines 11(a)(i) and (ii)	8195.00	8790.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	8195.00	8790.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	8195.00	8790.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	8195.00	8790.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	perating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(t	o) Other Federal Operating		
/-	Expenditures	0.00	0.00
(0	c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
2. T	ransfers to Affiliated/Other Party		
	ommittees	0.00	0.00
F	ontributions to ederal Candidates/Committees nd Other Political Committees	0.00	0.00
	ndependent Expenditures	0.00	0.00
. (ι . C	use Schedule E)oordinated Party Expenditures	0.00	0.00
(2	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00
((ase scriedule i)		, , , , ,
. L	oan Repayments Made	0.00	0.00
'. L	oans Made	0.00	0.00
. R	efunds of Contributions To: a) Individuals/Persons Other		
(0	Than Political Committees	0.00	150.00
/	b) Political Party Committees	0.00	0.00
(t (c		0.00	
`	(such as PACs)	0.00	0.00
(0	d) Total Contribution Refunds		
(-	(add Lines 28(a), (b), and (c))▶	0.00	150.00
). C	other Disbursements	1646.60	3308.28
. •		10 10:00	7
	ederal Election Activity (2 U.S.C. §431(20))		
(8	a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(, ====================================		
	(ii) "Levin" Share	0.00	0.00
(t	b) Federal Election Activity Paid Entirely	0.00	0.00
(0	With Federal Funds c) Total Federal Election Activity (add	0.00	0.00
,,	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
. То	otal Disbursements (add Lines 21(c), 22,		
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	1646.60	3458.28
	otal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)	1646.60	3458.28
ır	om Line 31)	1040.00	3430.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	8195.00	8790.00
4. Total Contribution Refunds (from Line 28(d))	0.00	150.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8195.00	8640.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	6	OF	14	
(c	(check only one)								
	X	11a		11b		11c	12		
		13		14		15	16	;	17

Full Name (Last, First, Middle Initial) A. Bill Bartolini Mailing Address 6 Guillick Road City State Zip Code NU 08540 FEC ID number of contributing tederal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼ State Zip Code KY 40512 City State Zip Code Chief Development Officer Receipt For: Primary General Other (specify) ▼ State Zip Code KY 40512 City State Zip Code KY 40512 City State Zip Code KY 40512 FEC ID number of contributing tederal political committee. City State Zip Code KY 40512 FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ 1000.00 Full Name (Last, First, Middle Initial) Catherine Connolly Mailing Address 3239 Port Pacific Lane City State Zip Code CA 95788 City State Zip Code Transaction ID: SA11AL5988 Amount of Each Receipt Initial Contributing Tederal political committee. Date of Receipt Initial Contribution to AFP PAC Coccupation VP/Exec. Director, KCTCS Foundation Aggregate Year-to-Date ▼ 1000.00 Date of Receipt Initial Contribution to AFP PAC Contribution to AFP PAC	NAME OF COMMITTEE (In Full)	the name and address of any political committee of the name and address of any political committee of the name and address of any political committee.	
Mailing Address P.O. Box 14092 City State Zip Code KY 40512 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer KCTCS Receipt For: Primary General Other (specify) ▼ City State Zip Code Lexington Aggregate Year-to-Date ▼ Occupation VP/Exec. Director, KCTCS Foundation Aggregate Year-to-Date ▼ Other (specify) ▼ Date of Receipt this Period Contribution to AFP PAC Date of Receipt Transaction ID: SA11AI.5898 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11AI.5897 Amount of Each Receipt this Period Contribution to AFP PAC Date of Receipt Transaction ID: SA11AI.5897 Amount of Each Receipt this Period City State Zip Code CA 95758 FEC ID number of contributing federal political committee. City Indicates Pace Transaction ID: SA11AI.5897 Amount of Each Receipt this Period Contribution to AFP PAC Contribution to AFP PAC	Full Name (Last, First, Middle Initial) Bill Bartolini Mailing Address 6 Gullick Road City Princeton FEC ID number of contributing federal political committee. Name of Employer RFBD Receipt For: Primary General	State Zip Code NJ 08540 C Occupation Chief Development Officer Aggregate Year-to-Date ▼	Date of Receipt 04 20 2015 Transaction ID: SA11AI.5903 Amount of Each Receipt this Period
Catherine Connolly Mailing Address 3239 Port Pacific Lane City Eld Grove CA 95758 FEC ID number of contributing federal political committee. Name of Employer CM Connolly Receipt For: Primary Other (specify) ▼ Date of Receipt MM M	Mailing Address P.O. Box 14092 City Lexington FEC ID number of contributing federal political committee. Name of Employer KCTCS Receipt For: Primary General Other (specify) ▼	C Occupation VP/Exec. Director, KCTCS Foundation Aggregate Year-to-Date ▼	04 30 2015 Transaction ID : SA11AI.5898 Amount of Each Receipt this Period
270	Catherine Connolly Mailing Address 3239 Port Pacific Lane City Eld Grove FEC ID number of contributing federal political committee. Name of Employer CM Connolly Receipt For: Primary General	CA 95758 C Occupation fundraiser Aggregate Year-to-Date ▼	04 30 2015 Transaction ID : SA11AI.5897 Amount of Each Receipt this Period 2500.00
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)	<u> </u>	3750.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	7	OF	14
(check only one)								
×	11a		11b		11c	12		
	13		14		15	16	6	17

	I Statements may not be sold or used by any pers the name and address of any political committee to			
NAME OF COMMITTEE (In Full) Association of Fundraising Pro	ofessionals Political Action Commit	tee		
Full Name (Last, First, Middle Initial) Stephanie Cory Mailing Address 240 N. St. James Street		Date of Receipt		
Suite 104 City Newport	State Zip Code DE 19804	04 30 2015 Transaction ID : SA11AI.5893 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. Name of Employer	Occupation	250.00 contribution to AFP PAC		
Epilepsy Foundation of Delawar Receipt For: Primary General Other (specify)	Exec. Dir. Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Kevin Foyle Mailing Address 1806B W. Webster St		Date of Receipt 04 30 2015		
City Houston	State Zip Code TX 77019	Transaction ID : SA11AI.5895 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	y I			
Name of Employer Rice University Receipt For:	Occupation Associate VP for Development	contribution to AFP PAC		
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Ann M. Hale		Date of Receipt		
Mailing Address 13301 Vern Drive City	State Zip Code AK 99508	04 30 2015 Transaction ID : SA11AI.5900		
Anchorage FEC ID number of contributing federal political committee.	C 99500	Amount of Each Receipt this Period		
Name of Employer Alaska Pacific University	Occupation Dir. of Univ. Advancement	contribution to AFP PAC		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional).	<u> </u>	750.00		
TOTAL This Period (last page this line number	er only)			

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	8	OF	14	
(0	(check only one)								
	X	11a		11b		11c	12		
		13		14		15	16	;	17

NAME OF COMMITTEE (In Full)	Professionals Political Action Comm				
Full Name (Last, First, Middle Initial) A. Grace Hong	i Torcoolorialo Fullical Action Collilli	Date of Receipt			
Mailing Address 1931 Kenyon St., NW		04 30 2015			
City	State Zip Code	Transaction ID : SA11AI.5921			
Washington	DC 20010	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer	Occupation	contribution to AFP PAC			
Duke Ellington School - Arts	Chief Development Officer				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) Alan Hutson	'	Date of Receipt			
Mailing Address 513 N. Blvd.		04 30 2015			
#6 City					
Richmond	VA 23220	Transaction ID : SA11AI.5899 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer	Occupation	contribution to AFP PAC			
The Monument Group	Principal				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00				
Full Name (Last, First, Middle Initial) Gregg Kelley		Date of Receipt			
Mailing Address 1331 H St NW Suite 350		04 30 2015			
City Washington	State Zip Code DC 20005	Transaction ID : SA11AI.5934 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer	Occupation	contribution to AFP PAC			
Legal Aid Society of DC	Dir. of Development				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	250.00				
SUBTOTAL of Receipts This Page (optio	nal)	1000.00			
TOTAL This Period (last page this line no	ımber only)				

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LIN	E NUMBER	R: PAGI	E 9 OF	14
(check or	nly one)			
X 11a	11b	11c	12	
13	14	15	16	17

	nd Statements may not be sold or used by any per the name and address of any political committee to				
NAME OF COMMITTEE (In Full)	rofossionala Balitical Astica Commis				
Association of Fundraising P	rofessionals Political Action Commit				
Full Name (Last, First, Middle Initial) Jeff Kost		Date of Receipt			
Mailing Address 4715 31st St., S #1-A		04 30 _ 2015 _			
City	State Zip Code	Transaction ID : SA11AI.5896			
Arlington	VA 22206	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer	Occupation	contribution to AFP PAC			
Development Resources, Inc.	VP				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	00 0				
Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) 3. Chase Maggiano		Date of Receipt			
Mailing Address 1435 S St., NW		04 30 2015			
City	State Zip Code	04302015 Transaction ID : SA11AI.5923			
Washington					
FEC ID number of contributing		Amount of Each Receipt this Period			
federal political committee.	C	250.00			
Name of Employer	contribution to AFP PAC				
Gay Men's Chorus of Washington	Occupation Exec. Dir.				
Receipt For:	Aggregate Year-to-Date ▼	†			
Primary General	00 0				
Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) C. Allan Peterkin		Date of Receipt			
Mailing Address 412 Jarvis St. Unit 502		04 30 2015			
City	State Zip Code	Transaction ID : SA11AI.5911			
Toronto	ZZ 00000	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer	Occupation	contribution to AFP PAC			
Mt. Sinai Hospital/University	Professor of Medicine of Toronto	_			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General	500.00				
Other (specify) ▼	500.00				
SUBTOTAL of Receipts This Page (optional)	1000.00			
	<u> </u>				
TOTAL This Period (last page this line number	ber only)				

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: SA11AI Transaction ID: SA11AI.5911

Mr. Allan Peterkin is a U.S. Citizen (born in Langdon, North Dakota) and is currently teaching as a college professor in

Toronto, Canada.

Form/Schedule: Transaction ID:

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	1	11	OF		14
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		atements may not be sold or used by any person name and address of any political committee to						
$\overline{\ }$	NAME OF COMMITTEE (In Full)							
<u>/</u>	Association of Fundraising Profe	essionals Political Action Committe	2 e					
Α.	Full Name (Last, First, Middle Initial) Jeremy Wells	Date of Receipt						
	Mailing Address 10970 Buchanan Rd., NE		04 30 2015					
	City	State Zip Code	Transaction ID : SA11AI.5888					
	Blaine	MN 55434	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	250.00					
	Name of Employer	Occupation	contribution to AFP PAC					
	Minnesota Philanthropy Partner	VP, Phil. Services						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00						
В.	Full Name (Last, First, Middle Initial)	Date of Receipt						
	Mailing Address		M M / D D / Y Y Y Y					
	City	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C	Amount of Each neceipt this Feriou					
	Name of Employer	Occupation						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼						
<u> </u>	Full Name (Last, First, Middle Initial)		Date of Receipt					
.	Mailing Address		M M / D D / Y Y Y Y Y					
	City	State Zip Code	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C	Autourit of Each Floodipt tills Forlid					
	Name of Employer	Occupation						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼						
s	UBTOTAL of Receipts This Page (optional)		250.00					
Т	OTAL This Period (last page this line number o	nly)	6750.00					

SC	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 12 OF 14										
	EMIZED DISBURSEMENTS	Use sepa		_	_INE N conly	NOMBER.							
11	LIVIIZED DISBUNSEIVIEN IS		for each category of the Detailed Summary Page			21b	22		23	24	. [25	26
_		Detailed	Julillary Page		П	27	28a		28b	28	c X	29	30
	y information copied from such Reports and Staten												
or	for commercial purposes, other than using the name	ne and addr	ess of any polition	cal cor	nmitt	ee to	solicit co	ontrib	utions	from s	uch co	mmitt	ee.
	NAME OF COMMITTEE (In Full)	=		_									
$ \rangle$	Association of Fundraising Profess	ionals P	olitical Action	on C	om	mitte	ee						
$oldsymbol{ol}oldsymbol{oldsymbol{oldsymbol{ol{ol}}}}}}}}}}}}}}}}}$	Full Name (Last, First, Middle Initial)												
A.	SunTrust Bank		Date of Disbursement										
			M M / D D / Y Y Y Y										
	Mailing Address One Park Place						04		3	0	_ 20)15	
	City	State	Zip Code										
	Atlanta	GA	30303				Tran	sacti	ion ID	: SB29	.5925		
	Purpose of Disbursement				-	\blacksquare							
	bank fee						Amour	nt of	Each	Disburs	sement	this I	Period
	Candidate Name				egory	y/			-			199	.51
	Office Sought: House Disbursen	nont For		Т	уре			-	7			.00	
		nent For: Primary	General										
		Other (spec											
	State: District:	(-F	<i>>,</i> ∀										
	Full Name (Last, First, Middle Initial)												
В.	SunTrust Bank						Date of	of Dis	sburse	ment			
	A4 ''' A 11						M = N	7		D /		Y	Υ
	Mailing Address One Park Place						04	_	3	0	20)15	
	City S	State	Zip Code										
	Atlanta	GA	30303				Tran	sact	ion ID	: SB29	.5926		
	Purpose of Disbursement credit card fee			_	-	\neg			_	5. .			
	Candidate Name						Amour	nt of	Each	Disburs	sement	this I	eriod
	Candidate Name				egory	y/		_				34	.81
	Office Sought: House Disbursen	nent For:		- 1	ype	-			7				
		Primary	General										
	President	Other (spec	cify) 🔻										
	State: District:												
_	Full Name (Last, First, Middle Initial)						Б.						
C.	SunTrust Bank						Date o			_			
	Mailing Address One Park Place						04	/	3	0 /)15	Y
	g 7 doi 900 One i air i iace						Ŭ,	-	<u> </u>	-			_
	•	State	Zip Code				Tran	sact	ion ID	: SB29	.5927		
		GA	30303				iiaii	Juol	טו ווט.	. 5525	.5521		
	Purpose of Disbursement bank account analysis fee		Г.		$\neg \bot$	Δ	.1 -1		Diales:		41a! - "	المساميا	
	Candidate Name			0-1	0000		Amour	ıτ Of	⊏ach	Disburs	sement	tnis I	eriod
					egory ype	y/		_			_	164	.70
	Office Sought: House Disbursen	nent For:			-				7				
		Primary	General										
		Other (spec	cify) 🔻										
_	State: District:												
,	IIPTOTAL of Dishursoments This Boss (aptions)											399	.02
dash	UBTOTAL of Disbursements This Page (optional)					_	#	+	7		—		
т	OTAL This Period (last page this line number only)					•							

SC	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 13 OF 14										
	EMIZED DISBURSEMENTS	Use sepa		_	LINE N k only	TVO IVIDET 1.							
11	LIVIIZED DISBURSEIVIEN IS	for each	, ,		21b	22		23	24		25	26	
		Detailed	Summary Page		H	27	28a		28b	28		29	30b
	y information copied from such Reports and Staten												
or	for commercial purposes, other than using the name	ne and addr	ess of any politi	cal cor	nmitt	tee to	solicit co	ntrib	utions	from s	uch con	nmitte	e.
	NAME OF COMMITTEE (In Full)			_									
$ \rangle$	Association of Fundraising Profess	ionals P	olitical Action	on C	omi	mitte	ee						
\angle	Full Name (Last, First, Middle Initial)												
Α.	SunTrust Bank		Date of Disbursement										
			M M / D D / Y Y Y Y										
	Mailing Address One Park Place						05	_	3	1	201	15	
	City	State	Zip Code			-+							
	Atlanta	GA	30303				Trans	sacti	ion ID	: SB29	.5928		
	Purpose of Disbursement			_	_								
	bank fees						Amoun	nt of	Each	Disburs	ement t	this Pe	eriod
	Candidate Name				egory	y/			-			441.5	50
	Office Cought	F		Т	ype			-	7	7		771.	
	Office Sought: House Disbursen Senate	nent For: Primary	General										
		Other (spec											
	State: District:	(-	√										
	Full Name (Last, First, Middle Initial)												
В.	SunTrust Bank						Date o	of Dis	sburse	ment			
	NA-Way Address						M = M	/		D /		Y)	1
	Mailing Address One Park Place						05	4	3	1	201	15	_
	City S	State	Zip Code						· · · · ·	0500	F065		
	Atlanta	GA	30303				Trans	sact	ion ID	: SB29	.5929		
	Purpose of Disbursement bank account analysis fee				-		Δ	. L = *	East.	Diele		uk:	!
	Candidate Name				_		Amoun	ıt Oİ	⊏ach	DISDURS	ement t	inis Pe	eriod
	Candidate Name				egory ype	y/						165.	56
	Office Sought: House Disbursen	nent For:			, he				7	,			
		Primary	General										
		Other (spec	cify) 🔻										
	State: District:												
_	Full Name (Last, First, Middle Initial)						Date o	t Di-	ahura -	mort.			
U.	SunTrust Bank							_					
	Mailing Address One Park Place						M M M		3	D / 1	201	15	'
	,	State	Zip Code	·			Trans	sact	ion ID	: SB29	.5930		
	Atlanta Purpose of Disbursement	GA	30303										
	credit card fees					Amour	nt of	Fach	Dishura	ement t	thie D	ariod	
	Candidate Name			Cat	egory	·v/	Amoul	01	Lacil	Dispuis	oment t		
					ype	<i>y</i> .			,			275.9	94
	Office Sought: House Disbursen									,			
		Primary	General										
	State: District:	Other (spec	Jily) ▼										
Г	Side Side Side Side Side Side Side Side												_
s	UBTOTAL of Disbursements This Page (optional)					•		_				883.0	00
É	0- ()					_	=	+	7	,		-	=
т	OTAL This Period (last page this line number only)					•	Ι.						

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SCHEDULE B (FEC Form 3X)	Lloo concrete cabadula/-\	FOR LINE NUMBER: PAGE 14 OF 14								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c X 29 30b							
Any information copied from such Reports and States or for commercial purposes, other than using the nar		by any perso	on for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) Association of Fundraising Profess										
Full Name (Last, First, Middle Initial)										
A. SunTrust Bank Mailing Address One Park Place	Date of Disbursement 06 30 2015									
			30 2013							
Atlanta	State Zip Code GA 30303		Transaction ID : SB29.5931							
Purpose of Disbursement bank fees			Amount of Each Disbursement this Period							
Candidate Name		Category/ Type	182.29							
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify)									
State: District:										
Full Name (Last, First, Middle Initial) B. SunTrust Bank			Date of Disbursement							
Mailing Address One Park Place		06 30 2015								
Atlanta	State Zip Code GA 30303		Transaction ID : SB29.5932							
Purpose of Disbursement bank account analysis fee			Amount of Each Disbursement this Period							
Candidate Name	"	Category/ Type	164.19							
Office Sought: House Senate President State: Disburser	ment For: Primary General Other (specify)									
Full Name (Last, First, Middle Initial) C. SunTrust Bank	Date of Disbursement									
Mailing Address One Park Place			06 30 2015							
City Atlanta	State Zip Code GA 30303		Transaction ID : SB29.5933							
Purpose of Disbursement credit card fees Candidate Name		Category/	Amount of Each Disbursement this Period							
Office Sought: House Disburse	ment For:	Туре	18.10							
Senate President	Primary General Other (specify) ▼									
State: District:										
SUBTOTAL of Disbursements This Page (optional)		······	364.58							
TOTAL This Period (last page this line number only)	·····	1646.60							